PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

508 47. OUISS

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TC	OTAL CLAIMS		9].	RATE	FEE	ر ا	RATE	FEE
FC	 DR		j j	NUMBER FILED .		NUMBER EXTRA		BASIC FEE	+	OR		
тс	OTAL CHARGE	ABLE CLAIMS	9 min	9 minus 20=		* ~		X\$ 9=	•	OR		
INE	DEPENDENT CI	LAIMS	/ mi	inus 3 =	*	*		X43=	79	OR	X86=	
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		1 1	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	' l	TOTAL		OR OR	TOTAL	7 2 (2
	С	LAIMS AS A	MENDEC	MENDED - PART II				1017.0]	OTHER	720 THAN
	Ţ	(Column 1)		(Colum		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	*** PENDENT	CLAIM	-	[X43=		OR	X86=	
ш	FINOT FILLOS	NIATION OF WIC	JEHPLE DEI	ENDEN	CLAIIVI	<u> </u>	1	+145=		OR	+290=	
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* INTATION OF MU	Minus	***	CI. AIM	-] [X43=		OR	X86=	
	FINOT TILES.	MINITOR OF INC	LITEL DE	ENULINI	OLCAIIVI		, [+145=		OR	+290=	
						*	L A	TOTAL DDIT. FEE		OR A	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
ENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z -			Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X43=		OR	X86=	
	FINOI FINESE	NIAHUN OF WO	LIPLE DEF	ENDEM	CLAIM		'	+145=		OR	+290=	/
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										L	TOTAL	
***!	f the "Highest Nun	mber Previously Paid	aid For IN THIS	S SPACE is	less than	n 3, enter "3."	~L	DDIT. FEE L id in the app		. ~	ADDIT. FEE L umn 1.	